

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY 11 JAM -7 AM 8: 46

| | (Instructions on ba | ck of application) | COMMERCIAL OF STATE |
|-----|--|--|---|
| 1. | . The name of the limited liability company is: | | STATE OF IDAHO |
| | • | ents of Independence LLC | · |
| 2. | The complete street and mailing a 2023 W Cross Creek Dr, Nampa, ID 83 | | esignated/principal office: |
| | (Street Address) | | |
| | (Mailing Address, if different than street address |) | |
| 3. | The name and complete street address of the registered agent: | | |
| | Cynthia Higgins | 2023 W Cross Creek Dr, | Nampa, ID 83686 |
| | (Name) | (Street Address) | |
| 4. | The name and address of at least one member or manager of the limited liability company: | | |
| | Name | Address | |
| | Cynthia Higgins | 2023 W Cross Creek Dr, Nampa, ID 83686 | |
| | Todd Higgins | 2023 W Cross Creek Dr, Nampa, ID 83686 | |
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| 5. | Mailing address for future correspondence | ondence (annual report r | notices): |
| | 2023 W Cross Creek Dr, Nampa, ID 83 | 686 | |
| 6. | Future effective date of filing (option | onal): | |
| _ | nature of a manager, member of son. | or authorized | |
| per | O 10 ≈ 11 > | | Secretary of State use only |
| Sig | nature conthat traggin | ns | |
| Тур | ed Name: Synthia Higgins | | |
| | 7 .11 | ^ _ | |
| Sig | nature July | 7 | IDAHO SECRETARY OF STATE |
| Тур | ed Name: Todd Higgins | / | 01/07/2011 05:00 CK: 5122 CT: 254105 BH: 1254214 |

1 8 100.00 = 190.88 ORGAN LLC # 2